

Case Number:	CM15-0199439		
Date Assigned:	10/14/2015	Date of Injury:	07/27/1976
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old male with a date of industrial injury 7-27-1976. The medical records indicated the injured worker (IW) was treated for chronic back pain and degenerative disc disease, lumbar. In the progress notes (6-16-15 and 8-11-15), the IW reported constant pain running down the backs of both legs with weakness and numbness. He had difficulty completing activities of daily living. The 6-16-15 and 7-14-15 notes stated the long-acting Morphine was allowing him to function at a higher level. The provider noted the IW used marijuana daily. On examination (8-11-15 notes), his gait was wide-based and he held on to the wall for stability frequently during the exam. Motor strength was decreased symmetrically to 3 out of 5; reflexes were negative on the left and 1+ on the right. Soft touch was intact bilaterally and to discrimination. Treatments included spinal surgery, Gabapentin, Morphine IR (since at least 4-2015), MS Contin and Valium. According to the 7-14-15 notes, a urine drug screen on 4-20-15 was "positive for opiates and cannabinoids" and "a PAR report was done today which was consistent with the patient's prescribed medications". A Request for Authorization was received for Morphine IR 30mg, #90 and Morphine IR 30mg, unspecified quantity to decrease the IW's "morphine dose equivalent" to 180. The Utilization Review on 9-30-15 modified the request for Morphine IR 30mg, #90 and Morphine IR 30mg, unspecified quantity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Morphine IR 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R., page 79, 80 and 88 of 127. This claimant was injured back in the year 1976. There is chronic back pain. The patient has been on the opiates long term. There is mention of subjective pain improvement, but the objective functional improvement is not documented out of the long-term usage of the medicine. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. The request is not medically necessary.

Morphine IR 30mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. page 79, 80 and 88 of 127. As shared earlier, this claimant was injured many years ago back in the year 1976. There is chronic back pain. The patient has been on the opiates long term. There is mention of subjective pain improvement, but again the objective functional improvement is not documented out of the long-term usage. Also, in this case, the amount, frequency and duration is not provided, and so clinical appropriateness of the care cannot be accurately assessed. In regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.